

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>8/30/07</u>		2 Serial/Patent # <u>15/7103964</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input type="checkbox"/>	Extension of Time			\$	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input checked="" type="checkbox"/>	Petition		<u>6/4/07</u>	\$	<u>750</u>
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND	\$ <u>750</u>		
8 TO BE REFUNDED BY:					
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): <u>,</u> <u>18-0987</u>			
		<input type="checkbox"/> Credit Deposit A/C #: <u>18-0987</u>			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:		Frances Hicks		TITLE: Petitions Examiner	
SIGNATURE:		<u>Frances Hicks</u>		PHONE: x23218	
OFFICE:		Office of Petitions			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****					
APPROVED:		<u>Chb</u> / <u>8/31/07</u>			
DATE:					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B